AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 2898 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE DEET PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Health, files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) runeral director. for your write RDRAL and give nearest town) 50 ON Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM relained State YES NO 3. NAME OF Middle DATE 4. Month Dey Year DECEASED OF build be executed within 24 Hours after death. In pencil in item 18. Give Peges 1, 2, and 3 to like Office along with form PM3. Page 5 may be reliburial-transit permit. File pages 1 and 2 with the coval, and in any event within 72 hours efter discoval. (Type or print) DEATH 6 19 19 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 8. 9. ast birthdey) Months Davs Hours WIDOWED DIVORCED On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 and done during most of working life, even if refired 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAN EXABILINER: This certificate should be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO.1 Addrass (Yes, no, or unkown) | (If yes give wer or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, "pending" geve rise to immediate cause should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burlal, cremation, or ren DUF TO (e), stelling the underlying cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word NO 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20f. (City or town) Month, Day, Year (County) (Stete) factory, street, office bidg., etc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined menner CHIEF MEDICAL EXAMINER BUTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) 0 urial FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 1-246. REGISTRAR'S SIGNATUR VS. AISME arthur S. Kraus 5M 7/59 5

MARYLAND STATE DEPARTMENT OF HEALTH

TO A STATE OF THE PROPERTY OF 88280 Marie Marie Carlotte Company Disher tolletie After a house of the same

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2899

02881

1. PLACE OF DEATH o. COUNTY	Caroline		MARYLAND	O STATE	Mary Land	eased lived. If institut b. COUNTY	ion: Residence before Caroline	ere admission)
b. CITY OR TOWN RURAL and give. Pedera.	(If outside corporate limi necrest lown) LSburg	ts, write	LENGTH OF STAY IN 16	c. CITY OR	Federals	orporote limits, write l	RURAL and give ne	arest town)
d. NAME OF HOSP OR INSTITUTION	North 11s			d. STREET A		in Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin Ma	u TY	Middle Elisabeth	Bradl	0.0	TE March		19 Year
s. sex Female	6. COLOR OR RACE	7. MARRIEI	DIVORCED		4, 1917	9. AGE (In years lost birthdoy) 43 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
HOUSEW 13. FATHER'S NAME	orking life, even if retired	done 10b, KI	ND OF BUSINESS OR IND Home	Alex	andria, V maiden name y E. Bree	Virginia	12. CITIZEN O	• A •
	thy Milburn /FR IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SC		INFORMANT			dress urg, Mary	land
Conditions, if gove rise to couse (a), storin lying couse lost Part II. O Part II. O CONTRIBUTING (IF EITHER, NOTIFE	g the under-)	Charie Grants NTRIBUTING TO DEATH B	I H UT NOT RELATED TO	yocard phero HETERMINAL DIS	LAIS SEASE CONDITION GI	VEN IN PART 1(o)	5919. WAS AUTOPSY PERFORMED? YES NO
=	10	or 20d. INJ		RED. (Enter noture of PLACE OF INJURY (foctory, street, office	Home, form, 20f.	(City or town)	(County)) (Stote
	ased alive on M.	ar 3	d the deceased from 1964, and that clesses, on, M.D.	M.D. ATTENDIN PHYS. 22d. ADDR	d at 3: 5 GMP, fr G MED. DIRECTOR ESS	STAFF	nd an the date	
230. BURIAL, CREMATI REMOVAL (Specif Purial	ION, 236. DATE THEREC)F	23c. NAME OF CEMETERY	OR CREMATORY	23d. L0	ocation (City, town, ederal sbur	or county)	and (Stote)
24 444	tom and Son	Fede:	ralsburg, Ma	ryland'	250. REC'D BY RE	104	ISTRAR'S SIGNATU	

in by the funeral directar, and 2 should be filed with TO HOSPITAL OR ATTE G PHYSICIAN: The law requires that the death certificate be executed within 24 may 1, vained by the prinal or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filling page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

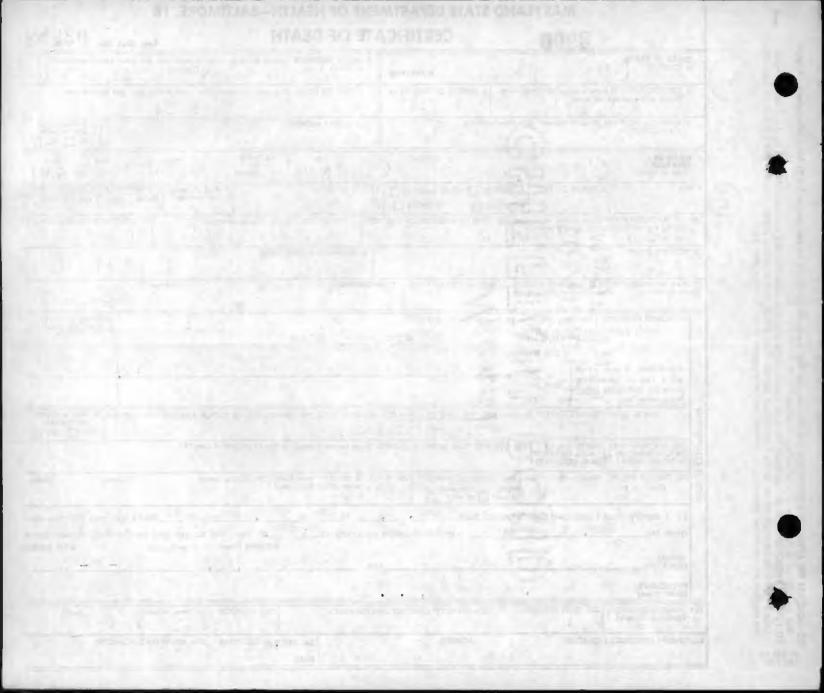
16.5.76 PROPERTY AND DESCRIPTION OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 02882 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY C' COUNTY (be filed AR OLDN MARYLAND b. CITY OR JOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and air pregrest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO IT 3. NAME OF DATE Middle DECEASED MARCH (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Hours WIDOWED I DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? obligation. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.LINFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: Coronary **DUE TO** 5 permit. Arteriosclerotic Cardiovascular Dia Conditions, if any, which (b) has been signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? Bronchial Asthma YES NO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. n. While Not while of work p. m. Mar. 22 _____ 1961 _that | last saw the deceased 21. I certify that I attended the deceased from detached _, and that death occurred at 2:30PM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Greensboro D PHYSICIAN'S NAME (Type) Charles H. Stones Per. M.D. TO FUND BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) abod REMOVAL (Specify) **FUNEFAL DIRECTOR'S SIGNATURE** ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Costly & Thous DATE

VS A15 (4) 15M 9/55

within

certificate



FOR STATE HEALTH DEPT TO DIVITY MEDIC SEXEMINER: This certificate should be executed within 24 hours effer death. If ye delay is necessive secure the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to it witners I director, rage 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MADVIAND STATE DEDARTMENT OF HEALTH

MARIEAND SIAIL DEFARIMENT OF HEARTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2901 MEDICAL EXAMINER'S CERTIF	ICATE OF DEATH
	1. PLACE OF DEATH O. COUNTY AROLINE MARYLAND 2. USUAL R AGAIN	HESIDENCE (Where decessed lived, If institution: Residence before admission) ACUI ALI DE COUNTY OAR DETUE
		R TOWN II outside corporate limits, write RURAL and give nearest town]
	d. NAME of HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	ON A FARM?
	3. NAME OF DECEASED (Type or print) 2) OHA) First LARNEY COLLE	A DATE Month Day Year OF DEATH MORE DAY
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	H SS 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Set bightdey) Months Deys Hours Min.
		ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME Loken Collers 14. MOTHED'S	MAIDENTAME Truce
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. TINFORMANTE (Yes, no, or unkown) (tryesgive were orderes of service)	Harvey Clling Denton, 49
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause	INTERVAL BETWEEN ONSET AND PEATH DUIGLEN
	(e), stating the underlying DUE TO couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI	THE TEDMINAL DISEASE CONDITION CIVEN IN BADY 1/4/1 10 MAG ALITODON
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION OF DEATH BUT NOT RELATED TO THE CONTRIBUTION OF DEATH BUT NOT RELATED TO THE CONTRIBUTION OF DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury Occured).	PERFORMED? YES NO
100		ury in Part I or Part II of Itam 16.)
	20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Hour a.m. While Not While at work at work at work	
	A	y, Inspection X, Inquiry, and in my opinion omicide Undetermined manner
1	1	ANT MEDICAL EXAMINER DATE SIGNED
5	EXAMINER'S W	s (Streat, city, town, or county) 3-3-61
	Burial REMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY Burial New 5, 1961	22d. LOCATION (City, town, or country) (Slote)
)		24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATMAR 9 '61 Onthur 2 Knows

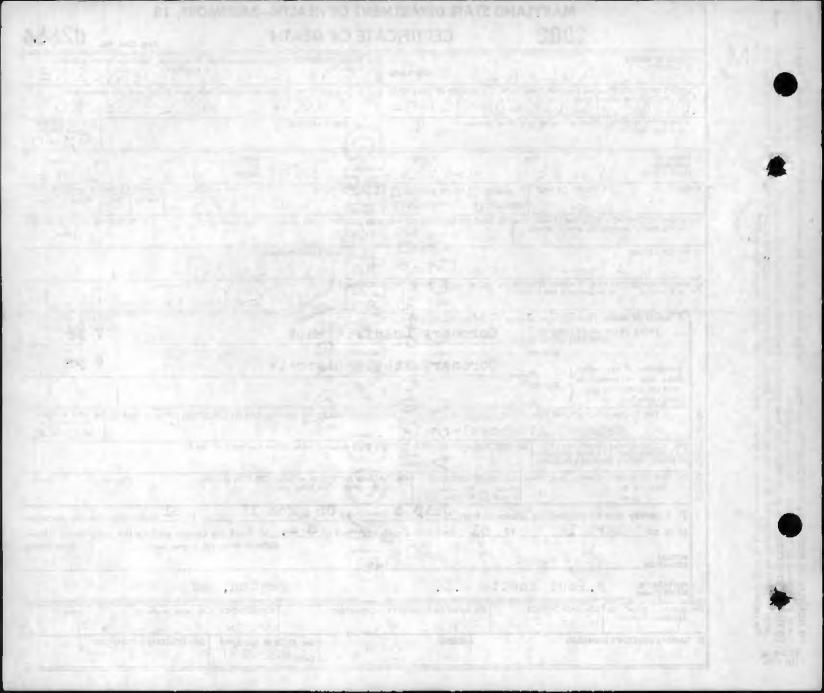
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

STATE Maryland b COUNTY Caroline a. COUNTY Caroline · STATE Maryland MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town) Denton Denton d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM 718 Gay St. Gay St. YES I NO ! NAME OF Middle DATE First Last Month Day Year DECEASED Luff March 10 Bertha DEATH 1061 Frances (Type or print) 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX last birthday) Months August 19,1892 Female Cau. DIVORCED TA WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? duping most of working life, even if retired) housewife Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME No Record No Record 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Nő John R. Luff, Jr. Denton. None 18. CAUSE OF DEATH [Enter only one couse per line to light to INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stating the underlying cause lost, PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 10 196 L. that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from _ and that death accurred at 104M, from the causes and on the date stated above saw the deceased alive an 220 SIGNATURE 22b, DATE SIGNED MED. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) /

23c NAME OF CEMETERY OR CREMATORY

Greensboro, Md.

Greensboro

ADDRESS

23d, LOCATION (City, town, or county)

2So, REC'D BY REGISTRAR

DATEMAR 1 4 161

Greensboro, Maryland 256 REGISTRAR'S SIGNATURE

Certhur S. Kroud

(State)

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23a. BUR.AL, CREMATION, 23b DATE THEREOF

REMOVAL (Specify) Buria.

24 'FUNERAL DIRECTOR'S SIGNATURE

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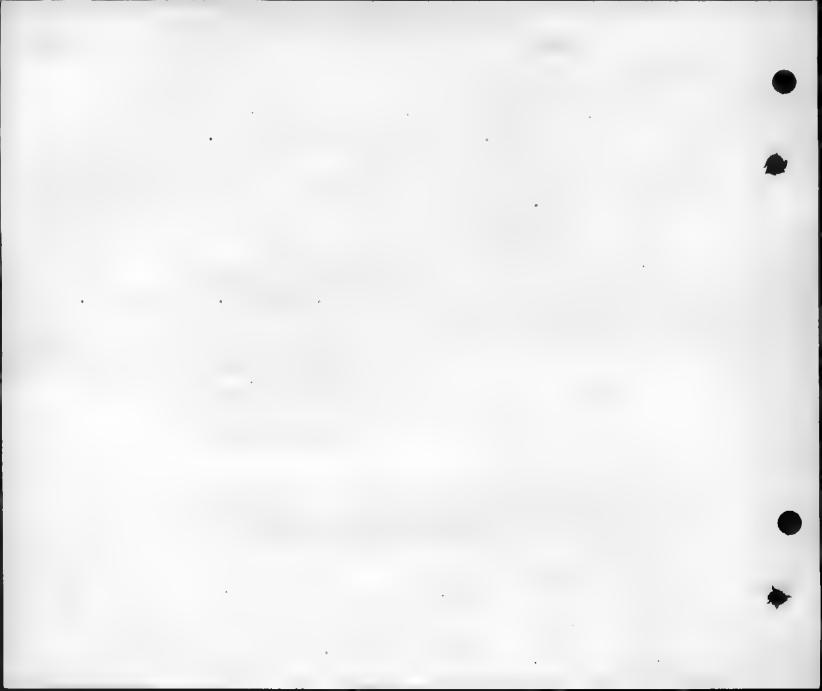
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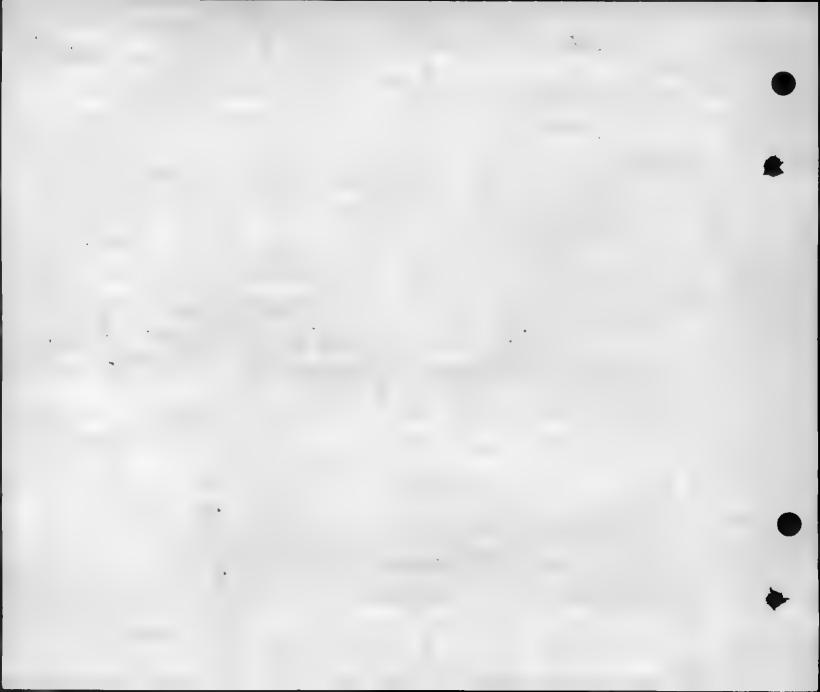
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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 3D1 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	2904 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH
files. Health,	O. COUNTY AROLDWE MARYLAND OF MARYLAND OF LAND B. COUNTY ARVINE ARVINDEL
irector. If of He	b. C. TY OR TOWN (if outs de corporata limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (I outs'de corporate limits, write RURAL and give nearest town) D. D
lay is r for yo Board	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
deta ned f ned f in.	20 DISNEY AVE. YES NO
deal deal	3. NAME OF DECEASED EMMA CASSAND RA MARTIN OF MARK 3 1961
3 to 1 be ith the after	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS
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s after 5. 17. 2. Pand 72 hg	10a. USCAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY? 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
hour 3. Pages 13. Pages 19. Pages 11. Pages	HOUSEWIFE HOME HARFORD CO. MD. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
in 24 Sive F In PM Ile pe	THOMAS S. DENGLOW CATHERINE STRIDEHOFF
with 18, C 18, C for nit. Fi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yas, no, or unkown) (Ifyasgiva warordalasof servica) Address Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMANT Cold deceased Ever IN U.S. ARMED FORCES
uted Item with per	18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)]
exections along transitions and i	PART I. DEATH WAS CAUSED BY: My Rev 1 2ns tue Heart Disease Duddin
Id ben s pen fice fice val, a	Conditions, if any which (b) Pally ass of Sevenal Ministry
shou s' 's' o'' s' o''	Genditions, if any which (b) gave risa to immadiata causa (a), stating the underlying DUE TO
endire miner ad as	couse last.
certifi d "pe Exam se use alion,	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,a) 19. WAS AUTOPSY PERFORMED? YES NO
: This work work would to crem	PART II. OTHER 5 GN FICANT CONDITIONS CONTRIBUTIONS TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART (a) PERFORMED? YES NO PERFORMED? YES NO CAUSE WAS PERFORMED? YES NO CONTRIBUTING CONTRIBUTIN
TER: of Me of Me orial,	
CAMIN Writing O Chie Page or to bu	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State) While Not While at work at work at work
OR: prio	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inqu'ry and in my opinion
DIC.	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
H # NO P	ACTUAL SIGNATURE ACTUAL GLASSISTANT MEDICAL EXAMINER DATE SIGNED
Page San	EXAMINER'S DEPUTY MEDICAL EXAMINER 1
S des	Address (Street, city, town, or county) 220 TYRIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETRY OR CREMATORY 22d LOCATION (City, 19wn, or country) (State)
O 240 9 4	Trival herb, 1961 It Lion Churchville Ked
VS. A15ME	23. FUNERAL D RECTOR 246. REGISTRAR'S SIGNATURE Level 802 DateMAR 7 '61 Orthor S. Hours
5M 7/59	A CONTRACT DATE



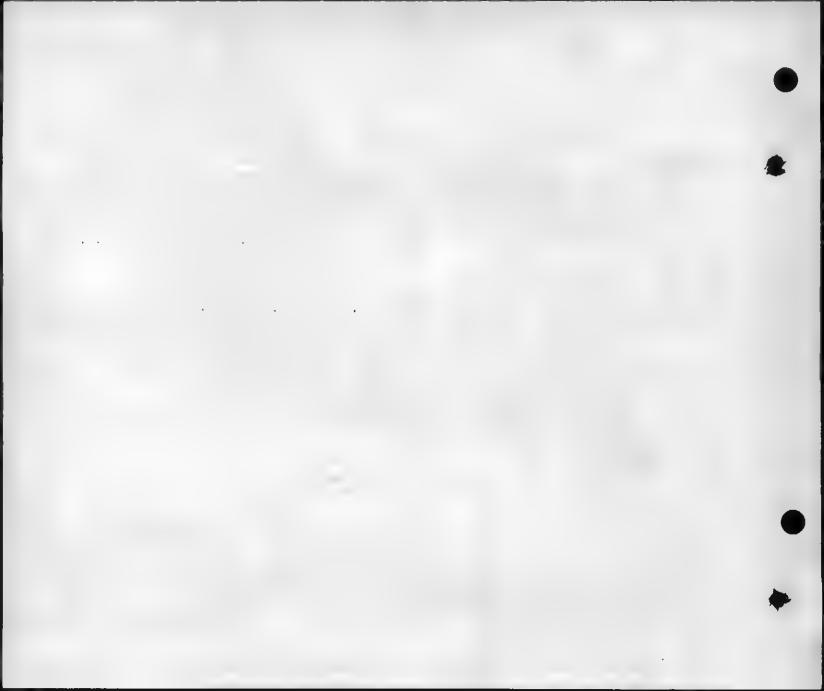
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 02887

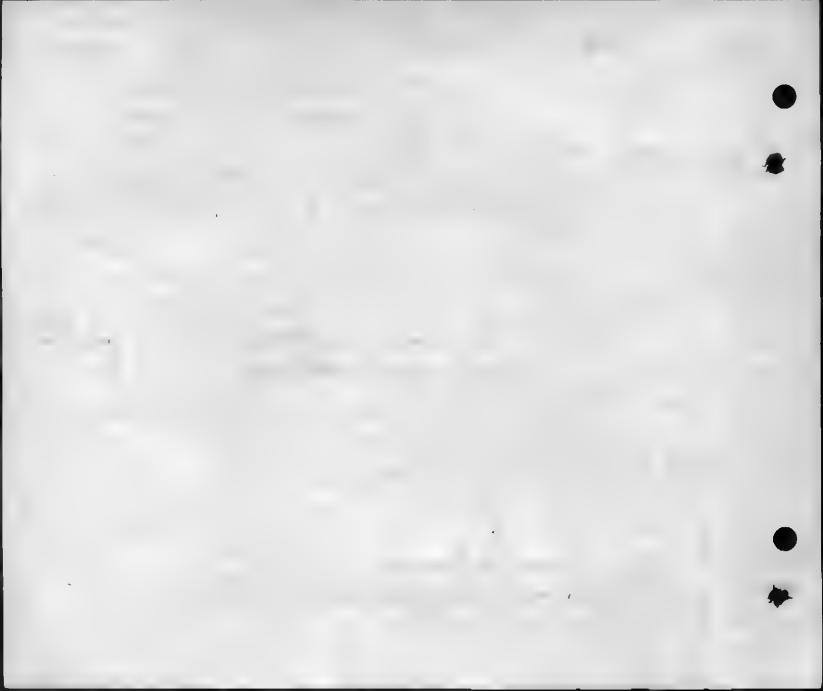
)	PLACE OF DEATH	oline	MARYLAND	2. USUAL RESIDENCE (Where deceased live	a married m	sidence bef		on)			
Ĵ	b. CITY OR TOWN (III	outside corporate limits, write RURAL	Ic. LENGTH OF STAY IN 15	c. CITY OR TOWN (-		a)			
	and give nearest lown!	burg - Rural	Life		eralsburg	_						
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS				e. IS RESI	FARM?			
	Near	Concord		Nea	r Concord			YES 🕱				
	3. NAME OF DECEASED	First	Middle	Lest	4. DATE	Month	Day	Yea				
	(Type or print)		Nathaniel (Nat		.1	March	11		61			
	5. SEX		RIED NEVER MARRIED 8		- Icut	TO vn. Month	DER TYEAR DOYS	HOUTS A	24 HRS. Min.			
	Male	White WIDOW		October 8,		7						
	during most of working Day Labo	life, even if retired)	KIND OF BUSINESS OF INDUST Canning Factory		co., Mar		U.S.		DUNTRY			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
	Frankli	n Melvin		Julia Fit	zHerbert							
		R IN U. S. ARMED FORCES? 16 (If yet, give wor or dates of service)	S. SOCIAL SECURITY NO. 17. #	VFORMANT		Address		_				
	No		222-03-9046 M	rs. Geneva M	. Holland	New Cas	tle,	Delaw	are			
	PART I. DEAT	H (Enter only one couse per lin H WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 1 1	Con- Res	al Chr	100000	INTER	AND DEATH	111			
	. 3 / 3 %	DUE TO 0										
		Conditions, if any, which (b) Desheles Milkeleys 245-										
	gove rise to immed (a), stating the u											
	couse lost.	couse lost. (c)										
	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	MINAL DISEASE CON	idition given in i		PERFORA	JTOPSY WED? NO IS			
	PART II. OTH 200. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	SE WAS 20b. DESCRI	BE HOW INJURY OCCURRED, (E	nter noture of injury in Po	rt i or Port 11 of iler	n 18.)			10 [25			
	20c. TIME OF INJUR	Y Month, Day, Year 20d Wh		CE OF INJURY (Home, for ory, street, office bldg., et	m, 20f. (City or to	wn)	(County)		(Stote)			
	21. I certify th	at I taak charge of the	remains described aba	ve, held an Autap	sy 🔲, Inspec	tion , Inq	uiry 💢,	and fir	nd that			
	death resulted	from: Natural causes	, Accident , Sui	cide [], Hamicid	e 🔲, Undete	ermined cause						
	ACTUAL SIGNATURE	Jauson 0	Teorge	M.D. CHIEF MEDICAL E	-		4	DATE SIG	_			
	EXAMINER'S NAME (Type)	Dawson O. Ge	orge, M.D.	DEPUTY MEDICAL	EXAMINER C		8	-12	-61			
	220. BURIAL, CREMATION REMOVAL (Specify) BULLS	March 14,196			Near F	City, fown, or count ederalsbu	rg, M	eryla	nd			
1	23. FUNERAL DIRECTOR	s signature om and Son, Fed	eralsburg, Mary	land 240. REC	R 1 4 '61	246. REGISTRAR'S	. 4 .	_				

Vs. A15ME(5) 5M 9/55

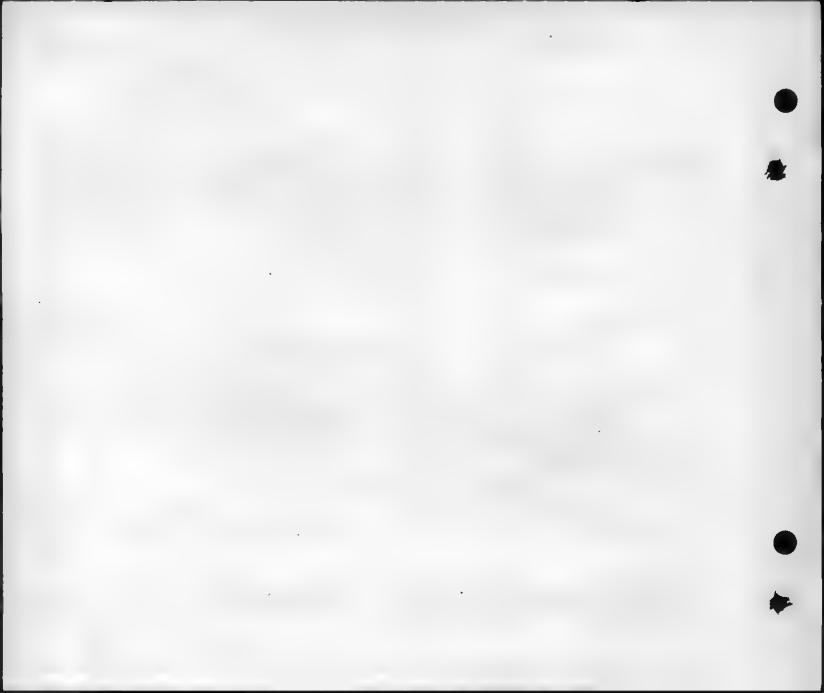


STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RES 'S Item ldr-film G283 USUAL RESIDENCE (Where dacaesad fived, If institution, Residence before edmiss or 1. PLACE OF DEATH a. COUNTY Page CAROLINE MARYLAND Lucen b. CITY OR TOWN (f outside corporata I mits, c. LENGTH OF STAY IN 16 OR TOWN (If outs de corporate limits, write RURAL and give nearest town) YOUR write RURAL and give neerest town) directo ŏ NAME OF LOSPITAL OR INSTITUTION (if not in hospitel, give street address) Lueenstown d. STREET ADDRESS Ф Boar ained for . IS RESIDENCE ON A FARM? State 1 YES NO TO Ridgely Church death. 3. NAME OF 4. DATE Midd.e Month Dey DECEASED OF 2 with the utd be executed within 24 haurs after Teath. In the pencil in them 18, Give Pages 1, 2, and 3 to 1 of 10 of (Type or print) DEATH 1960 1 6 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Hours ,1888 WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages I and done during most of working life, even if ret red) HOUSEW 13. FATHER'S NAME should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMAN (Yes, no, or unkown) | (Ifyesgive wer or detas of service) 18. CAUSE OF DEATH [Enter only one cause our line for (e), (b), and (c).] OINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which geve rise to immediate cause "pending" 40 DUE TO (e), stating the underlying Examiner 80 cause lest. used cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 inficate, writing the word Medical YES но Г Should 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of Item 18.) to the Cir. Page 3 sir. PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. MEDICAL , 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeer (County) (State) factory, street, office bldg., etc.) While Hour a.m. Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | and in my opinion forwarded DIRECT death resulted from: Natural causes Accident Suicide | | Homicide Undetermined marrier CHIEF MEDICAL EXAMINER secure the designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPLITY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, c'ty, town, or county) 22e, BURIAL, CREMATION, 22b DATE THEREON E OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 22c. NA REMOVAL (Specify) CARM 40 UNERAL DIRECTO 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Cultur S. Kraus 5M 7/59

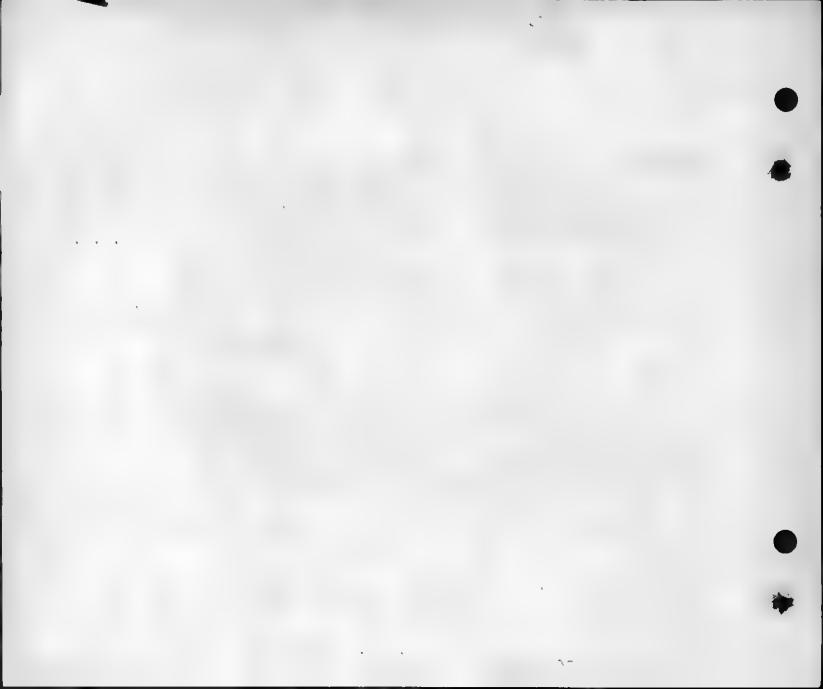
LAND STATE DEPARTMENT OF HEALTH



1	**		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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director iled with	A	1.	PLACE OF DEATH C. AROLDNE MARYLAND 2. USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission) E. MARYLAND PLACE OF DEATH C. AROLDNE MARYLAND PAGE OF DEATH C. AROLDNE DECRETE DESTRUCTION OF THE PROPERTY O
P P			CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
by the f	ĸ		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION O. STREET ADDRESS O. STREET ADDRESS O. A FARM? YES NO
24 ha	1		NAME OF DECEASED (Type or print) LACY CAIN MURPHY 4. DATE OF DEATH MONTH DOT 1961
l within letely fi		5.	SEX 6 COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yours lif UNDER 1 YEAR IF UNDER 24 HRS list birthday) Months Days Hours Min.
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The page phase page phase phas	0		20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Fater only) of injury in Part Los Part II of item IB)
HAN ficat ficat the I		L CERTIFI	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or of this cert r use as remation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. 19 While Nat while at work at work at work 10 to wo
After red for iof, cr		l	21. I certify that I attended the deceased from OCT 25 1909 to March 12 1961 that I last saw the deceased
e foct		L	alive on March 10 19 61, and that death occurred at 10:15 M, from the causes and an the date stated above
SECTION IN		ı	SIGNATURE Co l'aul trivles M.D.
TTAL O	1		PHYSICIAN'S E.Paul Knotts M.D. Denton, Md
Moy by Dege of the reg	-		BURIAL CREMATION 27th DATE THEREOF 196 22c. NAME OF CEMETERY OR CREMATORY 22d LOGATION (City Jown, or county) (State)
VS A15 (4)	*	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
15M 9/55		\vdash	DATE MAR 20'61 Cuther & thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion i. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) e. COUNTY Caroline O. STATE Maryland b. COUNTY Caroline MARYLAND b. CITY OR TOWN Iff outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 buriol c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsboro Rural Goldsboro Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? None None YES 📆 NO 🗍 NAME OF 4. DATE First Middle Manth Day DECEASED Peirce Percy 74 DEATH March 61 (Type or print) 19 5. SEX 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH Months Davs Hours Negro 15,1880 Male WIDOWED (DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? Farming Farm Laborer U.S.A. Maryl and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Peirce No Record 15. WAS DECEASED EVER IN U. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Give Mattie No Goldsboro, Md. Bordlev None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise ta immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 50 PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while 0 00 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry XI, and find that Inspection Y DIRECTOR: death resulted from: Natural causes 17. Accident []. Suicide . Homicide , Undetermined couse DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER [7] George Dawson O. EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) 0 Ingleside Roseville Maryland ADDRESS **FLINERAL DIRECTOR'S SIGNATURE** 24p. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Greensboro, Md. DATEMAR 1 6 '61 arthur S. Kings



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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

Page 4

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TO FUN

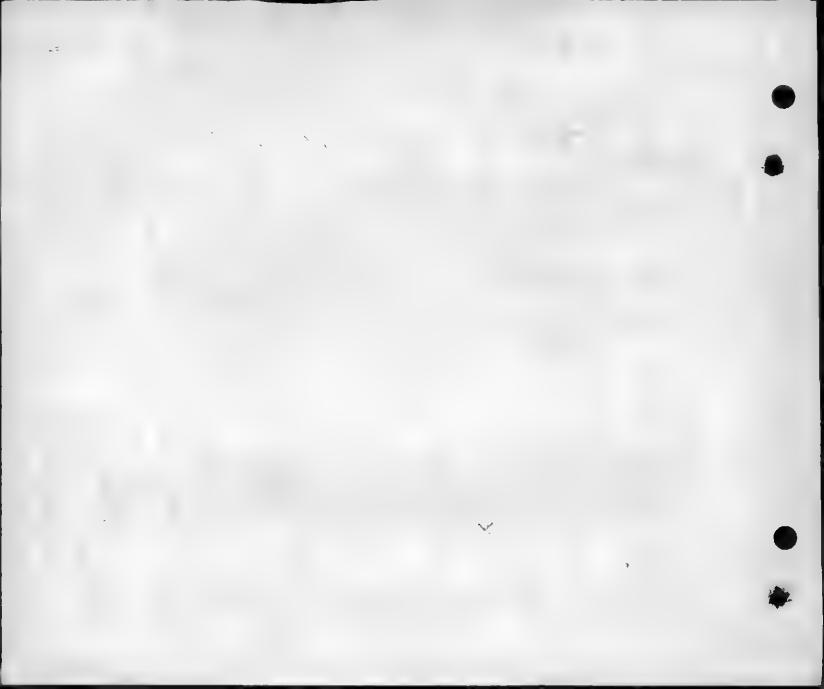
TO HOSPIT

VR A15 (4) 15M 9/59

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DECASED POWELL POWELL	3. [NAME OF			Middle			Lost			ıth .	Day	Year
S. CAUGE OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1889 NEG (In year) PART I OF A COUNTY 1. BIRTHPLACE (Since or foreign country) 12. CITIZEN OF WHAT 13. ACTION (Give or in it retired) 14. MOTHER'S MADEN NAME 13. ACTION (Give or or in it retired) 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 17. INFORMANT 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH (Inter only one course per line for (o), (b), and (c). 18. MOTHER'S MADEN NAME (Inter only one course per line for (o), (c), and (c). 18. MOTHER'S MADEN NAME (Inter only one course per line for (o), (c), and (c). 18. MOTHER'S MADEN NAME (Inter only one course per line for (o), (c), and (c). 18. MOTHER'S MADEN NAME (Inter only one course per line for (o), (c), and (c). 18. MOTHER'S MADEN NAME (Inter only one course per line for (o), and (c). 18. MOTHER'S MADEN NAME (I			706						OF			3	1961
Male Negro WIDOWED DIVORCED Aug. 10, 1889 ON Months Days Hount Could work done of working life, even if retired during most of working life, even if retired during most of working life, even if retired during most of working life, even if retired and removed process? I. FATHER'S NAME Charles H. POWell S. WAS DECEASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO. IV. INFORMANT TOWN OF THE WAS CAUSED BY: ROW OF THE WAS CAUSED BY: AND DECEASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO. IV. INFORMANT TOWN OF THE WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: Gerebrol Hemorrhage INSERVAL BY: Condition, if any, which gave rise to immediate course (a) working the waste lost. DUE TO Arteriob Cleros 18 TO ACCIDENT WAS UNDERLYING DUE TO Arteriobecleros 18 TO ACCIDENT WAS UNDERLYING DUE TO ARTERIOR TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS PERE 11 THE REMINAL DISE	5 5	5EX			IED T NEVER MARRIE	ED ICI 6				9 AGE (In years	IF UNDER 1	YEAR IF UNI	
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Burial 3-6-61 Chapel Rural Cardova Ma. 24 Auneral Director's Signature Address 250. Rec'd by Registrar 256 Registrar's Signature	23a		N, 236 DATE THERE	OF	25% NAME OF CEM	ETERY OF	CREMATORY				, ,	{S+	ate)
			3-6-61						Kura	L Card	ova	Md.	
Greensouro, Mark MAR 9 '61 Orthur & Kraus	24/	UNERAL DIRECTOR'S	SIGNATURE			mah	ono I	250. REC'E	D BY REGIST				
1.6.1000		1.6.120	ware		Gree	TIP D	010,	DATE MA	uk 9 '6	α	rthur S.	Thous	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where electored lived. If institution: Residence before admission) o. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 and give nearest town! Denton e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? yes □ NO\\7 4. DATE OF 3. NAME OF Middle Year DECEASED (Type or print) DEATH 0 19 9. AGE (In years IF UNDER 24 HRS. IFUNDER TYEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8. DATE OF BIRTH lost birthday Months Days Hours Min. WIDOWED DIVORCED YFS. 9 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages age 5 r WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Give TB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: moo IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which] pencil burial gove rise to immediate cause **DUE TO** (a), stating the underlying couse lost. o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY 9 CERTIFICATION PERFORMED? Ö NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY 20f. {City or lown} factory, street, office bldg., etc.) While Not while a.m. of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry 7, Inspection and find that death resulted from: Natural causes Ma Accident . Suicide . Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 17 NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) (Stote) EMOVAL (Specify) Ö 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME[5] 5M 9/55 Chilling d. 5



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	PLACE OF DEATH Caro	line		MA	RYLAND		aryla		b. COUNTY	n Residence be Caroli		ion)	
Ì	b. CITY OR TOWN (if outs. RURAL and give nearest RUTAL GTE	de corporate limit	s, write	LENGTH OF STA		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Greensboro							
	d. NAME OF HOSPITAL (IF OR INSTITUTION			ldress)		d. STREET A	DDRESS	Non	е		ON A	FARM?	
	3. NAME OF DECEASED (Type or print) Je	SSe	il .	C. Midd	lle	Smith		4. DATE OF DEATH	Mani 3	1	8	Year 1	
		hite	7 MARRIE	NEVER MAR	RIED	7-5-18		9	AGE (In years lost birthday) yrs	Months Day		Min	
	10a USUAL OCCUPATION (G during most of working lif Sales Rep.	re kind of work of even frequed Pet Mi.	lane 106 KI	nd of Business			SOUT		intry)	12 CITIZEN	OF WHAT O	OUNTRY?	
	13. FATHER'S NAME					14. MOTHER'S							
1	John Sm	ith				Dora	Nul.	L					
	15 WAS DECEASED EVER IN ([Yes no or unknown) [If yes Yes] WW	J S ARMED FOR	rryice)	00000000000000000000000000000000000000	1111111	rs. Mab	el Si	nith	Greensl		Md.		
	1B. CAUSE OF DEATH [Enter anly one ca	use per line	far (a), (b), and (c). j					111	NERVAL BE	TWEEN	
	PART I DEATH WAS CAUSED BY: COPONARY Thrombosis												
	DUE TO												
	Conditions, if any, which) (b) Arteriosclerotic Cardiovascular												
1	gave rise to immed	gave rise to immediate NIETO											
1	couse (a), stoling the under-												
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	ATIO					c Ulcer					PERFO	RMED?	
	200 ACCIDENT WAS UN	DERLYING (T	20b. DESCR				Ulcer YES NO Temporary in Port I or Port II of Item 18.}						
	PART II OTHER SI 200 ACCIDENT WAS UN OR CONTRIBUTING C	CAL EXAMINER)											
	20c TIME OF INJURY M Hour a m. p. m.	anth, Day, Yea	While .	URY OCCURRED Not while at work		ACE OF INJURY (I clary, street, office		20f (City	or town)	(Coun	(y)	(State)	
	21. I certify that (f)	(this haspital) attende	d the decease	d fram	Mar. 4	195	1, to 1	lar.18	1961,	that (1) (we) last	
d	saw the deceased o	live on Ma	ar. 17	1951 , or	id that a	death occurred	ALL	M. from t	he causes an	d an the do	ite stated	l abave	
П	22a. SISNATURE		1									b. DATE	
	(Deces	e X S	Vine.	and le		M.D PHYS	MEC DIR	ECTOR	STAFF PHYS			SIGNED	
	22c PHYSICIANS					22d ADDRE	SS						
	NAME (Type) Charle	s H. S	tones	ifer. M.	D	Gre	eensb	oro.	Maryla	nd			
		36 DATE THEREO	F	23c NAME OF CE	METERY O				ON (City, town, o		(Sto	te)	
	REMOVAL (Specify) Burial	3-21-6	1	Greens	horo			Gree	ensboro	. Mary	rland		
	24 FUNERAL DIRECTOR'S SIG		11	ADDRESS	2020		2Sa. REC'D	BY REGISTR		TRAR'S SIGNA			
	4. E. Biene	LEIN B	Hrs.	and Con	27	nd.	DAMAR 2	2 '61	arthu	1 8. Kran	4		
t			1000000			14 Alma							

Page 4 director, TO HOSPITAL OR AV. "DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after d may! It was the special or attending physician.

TO FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and campletely firm, hy the funeral direpage 3 should be detached far use as the burial-transit permit. Then Please remove carbon papers. Pages 1 and 2 should be the State Baard of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. TO FUN VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND ERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND 112 erd b. CITY OR TOWN (If ausside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e e RURAL and give nearest town) ploods the fun 11shoro boro d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO DE 4. DATE OF DEATH NAME OF Middle Month Year DECEASED (Type or print) 1961 H IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months ofter Days DIVORCED [WIDOWED I papers. campl 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and pou ADOYEX 13. FATHER'S NAME physician 50 within гетаме WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT event (If yes, give war or dates of service) affending please Suc 1B. CAUSE OF DEATH [Enler only one cause per line for Jely (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) H4: DUE TO Conditions, if ony, which been signed gove rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit physician 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o). 19. WAS AUTOPSY cremation, PERFORMED? has YES NO T attending 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) certificate the CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. While Nat while at work at work aspital D. m. After 21.1 certify that (1) (this haspital) attended the deceased fram // Leve detached sow the deceased alive on. 1961, and that death accurred at _____ M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED MED STAFF PHYS. M.D. DIRECTOR PHYS. Board 22d. ADDRESS 22c. PHYSICIAN'S should NAME (Type) Claarles Stonesifer, M.D. Greensboro Md. page 3 the Stat 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR Ciriling S. Firmed DAMBAR 1 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAI

BALTIMORE 1, MARYLAND

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CERTIFIC	CATE	OF I	DEATH

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	PLACE OF DEATH	roline		MA	RYLAND 2	USUAL RESIDENCE	(Where decease yland	ed lived. If instituti b. COUNTY		nce befo		
	RURAL and give in	outside corporate limit porest loven) lidgley	ts, write	c. LENGTH OF STA		c. CITY OR TOWN	(If outside corpo	prote limits, write R	RURAL ond	give nec	rest fawr	1)
	OR INSTITUTION	at home	ive street i			d. STREET ADDRES		nue Ext	•		e. IS RES	FARM?
	NAME OF DECEASED (Type or print)	Mary		Midd		last ilson	4. DATE OF DEATH	Mor	5.	Do	,	Yeor 1961
5.	Female	6. COLOR OR RACE White	7. MARR	IED 🔼 NEVER MAR		Nov.27,	1909	9. AGE (In years last birthdoy) 51 yrs.	Months	R 1 YEAR Doys	IF UNDI Hours	ER 24 HRS Min.
100	during most of world	ON (Give kind of work of king life, even if refired)	done 10b.	KIND OF BUSINESS Housewi		Maryl	-	country)		USA	WHAT	COUNTRY
13.	FATHER'S NAME Howard	Gardner				14. MOTHER'S MAID	a Stal	lings				
		R IN U. S. ARMED FOR (If yes, give wor or dates of si		social security is	17. INFO	Norman	Wilson		ev.	Mar	vlan	ıd
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CERTIFICATION	20a. ACCIDENT WA	HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER				Enter noture of injur	,1 400	Ad am	YEN IN PA	RT 1(o)	PERFC	ORMED?
MEDICAL C	20c. TIME OF INJUR Hour o. m. p. m.	,	20d. It While at war	NJURY OCCURRED Not while	20e. PLACE	E OF INJURY (Home, y, street, affice bldg.	form, 20f. (Ci)	y or lown)		(County)		(Stote
	saw the decea	ot (I) (this haspital sed alive an M) atlend			th accurred of	1919 to	the causes or			stated	
	22c. PHYSICIAN'S	carles	Th	Jmus	Da	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			22	b, DATE SIGNED
22/		as H. Wir	naco	tt 23c. NAME OF CE	LUCTERY OR C	Ridgl		ryland	ar sevetul		/6	
	REMOVAL (Specify) Burial FUNE AL DIRECTOR	3/7/61		Spring	Hill		4770	ston, M	aryl	and	(Stol	e)
24.	10/92	inter /	0	// East	on, M	aryland,			Lun S.	4		

D HOSPITAL OR AT GING PHYSICIAN: The law requires that the death certificate be executed within 24 may be sained by maspital or attending physician.

D FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and campiletely fills page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death. TO FUNE

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Poge 4

SING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer

a by the funeral director, and 2 should be filed with

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